

Policy Name:	Laser Therapy for Nicotine Dependence
Effective Date:	10/15/2018

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Laser therapy for nicotine dependence is investigative and therefore **NOT COVERED** for all indications, including but not limited to: inhaled tobacco (cigarettes/e-cigarettes; cigars), oral nicotine (chewing tobacco/snuff; nicotine gum; nicotine lozenges), and nicotine transdermal patches.

Note: This policy is no longer scheduled for routine review of the scientific literature.

Description

Laser therapy for nicotine dependence, also referred to as laser acupuncture for nicotine dependence, is based on acupuncture principles. It uses low level lasers in place of traditional acupuncture needles. Laser beams are directed to specified points on the hands, ears, nose, and wrist. This purportedly stimulates nerve endings and promotes release of endorphins which are theorized to suppress cravings and relieve stress. Therapy is administered in an outpatient setting.

FDA Approval

Laser therapy is a procedure and is therefore not subject to FDA regulation. However, the FDA has approved low level lasers as non-significant risk devices.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Medica Coverage Policy



Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- S8948 - Application of a modality (requiring constant provider attendance) to one or more areas; low level laser; each 15 minutes.
- 97039 – unlisted modality (specify type and time if constant attendance)

Original Effective Date: 8/1/2008

Re-Review Date(s): 4/25/2011
10/21/2015
7/18/2018

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